

Mr. Spencer Wells asked if the disease was not the same as that known as the Anatomical Tuberclie of Pinel. He had seen it in several persons, but had only once observed it in any one out of the profession. This was in a clergyman who was fond of bird-stuffing.

Dr. Bristowe said that he had had it two years, and had watched it closely. At first it was a small pustule, which was covered by a scab, consisting of epithelium with little conical processes. It never contained any nested cells. At first he applied to it mild caustics, as nitrate of silver, but these only made it more irritable. He, therefore, destroyed it by one free application of the acid nitrate of mercury.

Dr. Peacock said that when in Edinburgh he was troubled with a similar affection. He agreed with Dr. Bristowe that mild caustics only made matters worse. After a few years it disappeared. At the first he had several boils, but one of them never sloughed, and went on to the state mentioned.

Dr. Harley said that last year he was consulted by a man whose duty it had been for many years to assist in making post-mortem examinations at University College Hospital. At the time when he saw him, however, he was acting as porter. The hands were covered by tubercles. On scraping them and putting the scrapings under the microscope, he found great hypertrophy of the epidermis. He did not think that the disease extended to the true skin. He advised the application of nitrate of silver, and this was followed by some benefit during its use.

Dr. Wilks said that he supposed all were agreed as to its pathology—that it was an affection of the epidermis only. In his own case he had applied the tincture of iodine with benefit.

The President said that some years ago he was consulted by a medical man for a similar affection. The application of the strong tincture of iodine cured it.

Dr. Crisp said he believed that, if pathologists would oil their hands before they made their examinations, they would not suffer from such affections.—*Med. Times and Gaz.*, Oct. 25, 1862.

32. Eczema of the External Auditory Meatus.—We find in the *Glasgow Medical Journal* (April, 1862) some practical remarks, by Dr. T. M'CALL ANDERSON, on this not uncommon, and so far as our experience goes, troublesome and very refractory affection. "It may occur," he states, "in connection with eczematous eruptions on other parts of the body, but the local causes specially operating are the introduction of pins, ear-picks, and acrid substances into the meatus. The patient sometimes complains of a feeling of fulness in the ear, but the itching is the most annoying symptom, to allay which, pins, ear-picks, &c., are frequently introduced, so as to scratch the parts—the fingers and nails, which are employed for a like purpose on other parts of the body, being inadmissible. In this way the irritation is relieved for the moment, and the disease proportionately aggravated. The calibre of the meatus is narrowed, often so much so that the membrane of the tympanum cannot be distinctly seen, the amount of the narrowing being dependent upon the amount of infiltration of its walls. There is always exudation from the meatus at some stage of the disease, and the fluid which exudes is either milky or watery, and sometimes so extensive as almost to soak the pillow at night. If the ear is not frequently washed out, the exudation has a very bad odour. At other stages the meatus may be quite dry and scaly, and in connection with this condition, I have frequently noticed the surface of the membrane of the tympanum to be dry and scaly also. Sometimes large quantities of epithelium are thrown off from the meatus, so as to block it up, and cerumen is sometimes mixed up with the epithelial mass. The secretion from the ceruminous glands is, however, for the most part arrested in this affection. The hearing power is often not much impaired; the amount of deafness depending upon the amount of infiltration of the walls of the canal, upon the quantity of epithelium and discharge accumulated in the meatus, and upon whether the drum and mucous membrane of the cavity of the tympanum are implicated or not. Sometimes the deafness is so great that the tick is only heard when the watch is close to the ear. The cure is often tedious, as it is impossible to apply local remedies so well to the meatus as to the skin; and strong

local applications must be used with caution on account of the delicate structures at the bottom of the meatus. Internal medicines appear to exercise very little influence over the eruption. Arsenic, for instance, which sometimes removes eczema with almost incredible rapidity, is, as far as my experience goes, quite useless; and, indeed, I have noticed that a limited eruption is, as a general rule, much less under the influence of internal remedies than one which attacks a large portion of the cutaneous envelop. Purgatives are useful as regards a temporary alleviation of this complaint, but I doubt much if they produce any very permanent beneficial effect. We must trust, then, mainly to local measures, the first of which consists in washing out the meatus once or twice daily with tepid water, with a good syringe, such as that manufactured by Messrs. Savory and Moore, instead of those trumpery little glass things which apothecaries usually keep, and which are too frequently made in the most careless manner. If the meatus is not exuding, but, on the contrary, is dry and scaly, it may be necessary to drop a little almond oil into it, so as to soften the particles and facilitate their subsequent removal with the syringe. After all the effete matter has thus been removed, I am in the habit of painting the walls of the meatus with solutions of potassa fusa (commencing usually with gr. x to the ounce of water, but the strength must be proportioned to the severity of the disease). A small paint brush is dipped in the solution, and gently stripped, so that it does not contain too much fluid, and then insinuated into the meatus for the extent of half an inch, and twisted round, so that the walls of the canal are entirely moistened by the fluid. This usually causes considerable pain, which, however, subsides in a few minutes. If the action is very severe, it may be checked at once by the injection of tepid water; for which purpose I am in the habit, previous to the operation, of filling a syringe with it, and holding it in readiness for use if required. If a strong solution is used (*e. g.* $\frac{3}{4}$ i to $\frac{3}{4}$ i), we must be careful not to take up so much fluid with the brush that it drops upon the drum, as the applications which are appropriate to the walls of the canal cannot always be applied with impunity to the delicate structures at the bottom of the meatus. In cases where the drum participates in the disease, as usually happens, a weak solution (*e. g.* potassa fusa, gr. iiij to $\frac{3}{4}$ i of water) may be used as an injection night and morning, which is sufficiently strong to improve its diseased condition in most cases. A strong solution ($\frac{3}{4}$ i to $\frac{3}{4}$ i of water) may usually be painted on the walls of the meatus every two or three days, but the more severe the affection, and the weaker the application, the oftener must it be repeated. In the intervals between the applications—which I never intrust to the patient if the solution is strong—I direct him to syringe out the ear twice daily with tepid water, as before mentioned. The beneficial effects of this treatment are sometimes very marked; the hearing often improves after a single application, the uneasiness in the ear subsides, the meatus becomes wider, and a large quantity of serous fluid exudes, which accounts for the improvement. If the treatment is to be successful, each successive application will be found to improve matters; the amount of serum exuded will gradually diminish, and the meatus assume its healthy appearance. After the disease appears to be gone, a weak solution of potassa fusa (gr. iiij to $\frac{3}{4}$ i of water) may be painted on the canal every day or two for a short time. Some recommend the use of a solution of nitrate of silver ($\frac{3}{4}$ i to $\frac{3}{4}$ i), which is used in the same way as the potassa fusa solution, but it is not nearly so effectual. Leeches are of no use unless acute pain occurs in the ear, indicating an acute attack of inflammation, and blisters behind the ears, recommended by Toynbee and others, are, in my experience, perfectly useless."

33. *An unusual Abnormal Condition of the Mucous Membrane of the Tongue and Mouth.*—Dr. NELIGAN describes in the No. of the *Dublin Quarterly Journ. of Med. Sci.* for August last a very remarkable and highly interesting case. The subject of it was a gentleman who presented himself for examination for life insurance, and the only feature worthy of notice (all else being perfectly healthy) was, that "the tongue was singularly affected, the natural membrane covering it and the inside of the cheeks being changed into a thick white skin like a kid glove, and uneven on the surface." Although the author had seen nothing like